

Exhibit 14

Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program

1. Applicant's name (Last, first, middle) KAOPUA, Milton K.		2. Social Security Number 575-50-0532	3. Employee Number (same)
4a. Position title SUPV FIREFIGHTER	4b. Pay plan GS	4c. Grade/pay level 07/10	
5. Name of organization (Agency, Department, Office, Division, Branch, etc.) Federal Fire Department, NAVSTA Pearl Harbor		6. Office telephone number 473-1172 / 473-5723	
7. Nature and severity of the medical emergency traumatic clinical disorder -- disabling (trauma related anxiety/depression)			
8. Individual affected by medical emergency (check one) <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Employee's family member	9. Date medical emergency began 10/13 & 10/23/01	10. Date medical emergency ended (or is expected to end) unknown - about 2-6 months	
11. Name of physician who will verify the medical emergency. (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of illness.) Dr. Robert Dave, Ph.D; Herminio Mercado, M.D.; Shepard Ginandes, M.D. (letter attached)			
12. What is the applicant's annual and sick leave balances as of end of last pay period? Annual leave balance → 0 Sick leave balance → 0		13. How many hours of leave without pay have been used for this medical emergency? Hours → 0	
14. Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual leave to the applicant. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Check box if applicant does not want a description distributed. <input type="checkbox"/> Check box if applicant does not wish to have name used with the description or disclosed to anyone except the supervisor, the supervisory channel and the deciding official, and individuals who maintain the program. </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> Description of medical emergency trauma-related anxiety/depression </div> </div>			
15a. Name of individual completing application (if applying on behalf of the applicant) (Elbridge W. Smith) <i>[Signature]</i>	15b. Relationship to applicant attorney	15c. Telephone number (area code) 523-5050	
16a. I certify that the above statements are true. (Signature of applicant or individual applying on behalf of applicant) <i>Milton K. Kaopua</i>		16b. Date signed 1/24/02	
Privacy Act Statement Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.			
17. First level supervisor's recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____		18. Deciding official's decision <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____	

ATTN: HAZAL

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Under the Voluntary Leave Transfer Program**

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17. First level supervisor's recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature <i>Michael J. [unclear]</i> Date signed 2/7/02		18. Deciding official's decision <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature <i>R. J. [unclear]</i> Date signed 2/15/02	

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ENCLOSURE (3-4)



DEPARTMENT OF THE NAVY

COMMANDING OFFICER
NAVAL STATION
838 TICONDEROGA ST STE 100
PEARL HARBOR HI 96860-5102

12630
Ser 13D/042
15 Feb 02

From: Commanding Officer, Naval Station, Pearl Harbor
To: Mr. Milton K. Kaopua, Fire Department

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM APPLICATION

Ref: (a) Your application of 24 Jan 02

1. I have approved your application (reference (a)) to become a leave recipient. We will publicize the request for donations of annual leave throughout Naval Station, Pearl Harbor and Navy Region Hawaii. If the donated annual leave through this publicity is insufficient to meet your needs, we will extend your request to other local Department of the Navy activities.

2. Your status as a Leave Transfer Recipient will terminate when any of the following conditions apply:

- a. Upon termination of your employment with the Navy.
- b. When we have made a determination that you are no longer affected by a medical emergency.
- c. If the Office of Personnel Management approves your application for disability retirement.

3. You will be responsible for providing documentation monthly to your immediate supervisor to support the continuation of the medical emergency.

4. Please contact Mrs. Julia Lucas at 473-0054 if you have any questions or require additional information.

R. J. Petry
R. J. PETRY
By direction

Copy to:
Code N5D
CNR 813FK

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages 3

To <i>Elbridge Smith</i>	From <i>Hazel Wong</i>
Dep/Agency	Phone # <i>4743797</i>
Fax # <i>538-1382</i>	Fax # <i>4743798</i>

NSN 7540-01-317-7368

224

Confirmation Report - Memory Send

Page : 001
 Date & Time: Feb-28-02 06:20am
 Line 1 : 008 4743598
 Machine ID : HRO CONNAVREG HI OFFICE

Job number : 190
 Date : Feb-28 06:18am
 To : 2995381382
 Number of pages : 003
 Start time : Feb-28 06:18am
 End time : Feb-28 06:20am
 Pages sent : 003
 Status : OK

Job number : 190

*** SEND SUCCESSFUL ***



DEPARTMENT OF THE NAVY
 COMMANDING OFFICER
 NAVAL STATION
 220 YPOUNDS RD, STE 100
 PEARL HARBOR HI 96360-0100

12630
 Ser 13D/042
 15 Feb 02

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R. J. Petry
 R. J. PETRY
 By direction

Copy to:
 Code NSB
 CNR 813FK

OPTIONAL FORM NO. 10-90

FAX TRANSMITTAL

1 of 3 pages

To: <i>Edridge Smith</i>	From: <i>Hard Wang</i>
Subject: <i>4743794</i>	Phone: <i>4743794</i>
Fax: <i>538-1382</i>	Fax: <i>4743794</i>

NAVY FORM 10-117-1000 5010-101 GENERAL SERVICES ADMINISTRATION

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ENCLOSURE (14-2)

10/16/2002 WED 10:32 FAX 808 473 4519 MILPERS PEARL HBR HI

002/005

PLEASE POST FOR 30 DAYS

NAVAL STATION PEARL HARBOR

LEAVE TRANSFER ANNOUNCEMENT

ISSUE DATE: 19 FEB 02

FILING DATE: 19 MAR 02

TO ALL CIVILIAN PERSONNEL

BACKGROUND:

Mr. Milton Kaopua, Fire Department, has been affected by a personal emergency resulting in absences from work. These absences have resulted in a situation in which the employee is facing serious economic consequences because of the unavailability of paid leave. Mr. Kaopua applied for consideration under the Department of Navy (DON) Temporary Leave Transfer Program and his application to become a leave recipient was approved.

FILING INFORMATION:

1. Employees interested in donating annual leave may obtain Leave Donor Applications from their Civilian Personnel Liaison, Code N13D, Building 150, 3rd Floor.
2. Employees will submit applications through the chain of command to their Department/Office Heads who will ensure that annual leave is available for transfer, that the amount of leave requested for transfer does not exceed the limitations imposed and that the leave recipient is not the leave donor's immediate supervisor.
3. Once approved, the payroll office will be notified of the leave transfer arrangements and the number of hours to be transferred to Mr. Kaopua's leave account.
4. If the leave donor's application is disapproved, the XO will notify applicants in writing of the reasons for the disapproval.

ANNUAL LEAVE RESTORATION INFORMATION:

Upon termination of Mr. Kaopua's personal emergency, any transferred annual leave remaining to his credit will be restored to the annual leave accounts of the leave donors currently employed by a Federal agency and subject to Chapter 63 of Title 5, U.S.C. on the date the personal emergency terminates.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

MRS. JULIA LUCAS, CIVILIAN PERSONNEL LIAISON AT 473-0054

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ENCLOSURE (15)